



FOOD VENDOR APPLICATION

City of Lindale

P.O. Box 130 /105 Ballard Dr.

Lindale, TX 75771

Phone: 903-882-6861 Fax: 903-881-8170

Email: iselag@Lindaletx.gov

Type of Permit: ☐ New ☐ Renewal

License # _____

Permit Fee: ☐ Weekly \$100.00 ☐ Quarterly \$300.00

An application submitted without these documents **will not** be considered and a permit **will not** be issued. Application must be filled out completely and returned with all required copies of the following documents listed below:

- Northeast Texas Public Health District: 903-535-0030, 815 N. Broadway Ave., Tyler Texas 75702, or website <https://www.mynethealth.org/> - - Annual Food Establishment Permit
- Texas Comptroller of Public Accounts: 903-534-0333, 3800 Paluxy Dr., Tyler Texas 75703, or website <https://comptroller.texas.gov/> - - Texas Sales and Use Tax Permit -If you will be collecting Sales Tax
- Driver's License or other photo identification of the applicant.
- Proof of motor vehicle liability insurance with minimum coverage required by state law and/ or MFV unit insurance.
- Proof of general liability insurance with a minimum coverage of \$500,000, unless the application is related to an event coordinator, who has provided proof of liability insurance with minimum coverage of the \$500,000 covering the event.
- A written agreement with the property owner where Vendor is to be located authorizing the use of the property including the restroom facilities be available for use to the public at all times during the mobile food unit is operating.
- A Vendor shall not operate a Mobile Food Unit within 200 feet of a restaurant without the written consent of the owner of the restaurant.
- Site plan(s) of location of truck/booth along with any parking

An application submitted without these documents **will not** be considered and a permit **will not** be issued. Application for a permit does not guarantee that a permit will be granted.

Vendor Information:

Business Name: _____ Phone #: _____

Contact Name: _____ Cell # _____

Mailing Address: _____
Street City State Zip Code

Email: _____

Unit Type: ☐ Motor Vehicle ☐ Pushcart ☐ Trailer ☐ Kiosk ☐ Other: _____

VENDOR RESPONSIBLE FOR CONCESSION OPERATIONS

Booth/Concession Name _____

Name of Applicant _____ DL# _____ (A copy must be provided)

☐ OPERATING AT SINGLE SITE ☐ MULTIPLE SITES ☐ DRIVING ROUTE

If Operating at multiple sites or if you have a driving route, complete the operating schedule attached. Single Site, fill in box directly below.

Business Name of Proposed Location of Operation: _____

Days and Hours You will be Operating: _____

FOOD TO BE PRODUCED (Only listed food and drinks will be allowed)

Describe in Detail, Method of Service & Production: _____

Additional Information: An applicant must complete and sign an application for Vendor's Permit. The application shall enquire whether the applicant has ever: had an application **Denied** ☐ Yes ☐ No ; had permit **Revoked** ☐ Yes ☐ No ; or **Failed** a Health Inspection ☐ Yes ☐ No; If your answer is yes, explain reason: _____

All information provided on this application is true and correct to the applicant knowledge and belief. Applicant acknowledges that the permit applied for shall be subject to all provisions of the codes and statutes and all rules adopted under the codes and statutes of the State of Texas governing food service operations. Applicant attests to having read associated information in this application which details responsibilities and requirements for the concession operation and agrees to comply with requirements acknowledging that failure to comply may result in immediate cessation of operations. By signing this application, the above listed applicant authorizes the City of Lindale to perform a background investigation.

Signature of Applicant _____ Date _____

Building Official: _____ Date _____ Approved _____ Denied _____



OPERATING SCHEDULE

This form shall be used to identify multiple site locations or a driving route. Provide driving route on back. You may also use your own form.

Mobile Food Vendor Information

Name of Business: _____

Operator: _____ Cell Phone: _____

Location 1

Name of Business: _____ Address: _____

Business hours of operation: _____

Days and hours you will be operating _____

Location 2

Name of Business: _____ Address: _____

Business hours of operation: _____

Days and hours you will be operating _____

Location 4

Name of Business: _____ Address: _____

Business hours of operation: _____

Days and hours you will be operating _____

Location 3

Name of Business: _____ Address: _____

Business hours of operation: _____

Days and hours you will be operating _____

For driving route, please list below the location and approximate day and times you will be visiting these sites.

Mobile Vendor: _____

Stop #	Day(s)	Time	Address/Location of Each Stop
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			